

An  
Inaugural Dissertation  
On  
Cataract  
Submitted to the examination of  
The  
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To give a complete history of the subject under present consideration, from remote antiquity down to the present date, including the different erroneous opinions entertained by the ancients respecting the seat of this disorder, would be equally tedious as unimportant. I shall therefore proceed to treat of it agreeably to the received opinion which is now maintained of its existence.

By the term Cataract, then, we mean an opacity either of the crystalline lens or its capsule, whereby the transmission of light to the focus of vision is obstructed. The causes to which it has been ascribed are numerous, but obscure as it sometimes occurs without any apparent cause, and is sometimes produced by external violence, irritations applied to the globe of the eye &c. It is said to occur most frequently

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in persons whose occupations necessarily expose  
them to an intense degree of heat as blacksmiths  
those engaged in glass manufactories &  
those above the age of forty are more liable  
to its attack though no age is exempt and it  
is not infrequently congenial.

The symptoms which indicate its approach  
are a dimness of vision exhibiting objects to  
the patient similar to viewing them through  
a mist, or to the appearance of gauze  
between the object and eye rendering minute  
objects confused, the appearance of moats  
columns hairs threads &c are presented to  
the eyes, a speck is frequently to be perceiv-  
ed behind the pupil, which gradually  
increases and progressively diminishes the  
perfection of vision; during the progress  
of these symptoms objects will be  
perceived



perceived more distinctly, in a moderate than  
a strong light owing to the dilatation of the  
pupil by the abstraction of this stimulus.  
The remedies which have been recommended  
for the removal of this distressing affection  
are numerous but regret to say they have  
all as yet proved ineffectual in the  
accomplishment of the purpose for which  
they were prescribed. The external remedies  
that have been employed are scarifications,  
cupping, leeches, caustics, issues, setons &c -  
the internal are Cathartics, Emetics, Isthines,  
Henbane, Hemlock, and mercury the last of  
which has, after a long continued use  
succeeded in a few instances. Mr Ware  
recommends the application of one or two  
drops of Oil to the eye twice in 24 hours  
and rubbing the superior tarsus over the  
eye



eye with your finger previously immersed in  
a mercurial or volatile liniment. So the  
approbria of all these powerful medicines  
however the opacity most frequently  
increases under their administration, and  
we are finally obliged to resort to a chi-  
rurgical operation for the purpose of  
removing the lens from the axis of vision.  
There are two operations that have been  
generally employed for its accomplish-  
ment. The first and most ancient of  
which is couching, and consists in depress-  
ing the lens to the bottom of the eye by  
means of a suitable needle for that  
purpose. The second is the extraction  
of the lens thro a semisection of the  
cornea effected by instruments hereafter  
to be described. I might here enumerate  
the



the peculiar advantages that have been ascribed to each of these operations by their respective advocates, but as the time allotted for the completion of this essay is nearly expired, I shall conclude with a brief account of the different modes of operating.

And first of couching to perform this operation it will be necessary to possess a needle seven eighths of an inch in length gradually tapering from the point to the handle ground flat upon opposite sides for the space of about one eighth of an inch from its point with a handle made of light wood of an octagonal form with an indistinct piece upon opposite sides to designate its exact position behind the pupil a similar needle to this has been recommended by





Mr Hay others prefer it a little curved at its point. It is recommended by some surgeons that the patient be seated upon a chair with a high perpendicular back, this however appears to be of minor importance, every purpose may be better accomplished by an assistant supporting the patients head upon his breast. In some cases where the eye is small and deeply seated in its orbit, and <sup>probably</sup> ~~in~~ all cases the speculum oculi will facilitate this operation. The patient being seated upon a low chair opposite a window in such a manner that the light may fall laterally upon the eye and the sound eye being covered which is conveniently done by a band passing round the head over the forehead having two



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two depending pieces attached to it opposite each eye. The surgeon is then to be seated upon a chair somewhat higher than the patient and in order to give a greater degree of steadiness to his hand is advised to place it upon his knee elevated to a proper <sup>height</sup> by something placed under his foot. Before introducing the needle the patient is directed to turn the eye to the internal canthus. The instrument is then to be inserted into the sclerotic coat one sixth of an inch from the cornea, about one line below the transverse diameter of the pupil, and carried between the iris and lens; then by elevating the handle and depressing the point of the needle downwards and backwards to carry the lens to the bottom of  
the



the vitreous humour.

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Preparatory to performing the operation of extraction it will be necessary to be provided with the following instruments. First a Cornea knife made after the direction of Baron Wenzel its shape is similar to a common lancet, increasing gradually in breadth from the point to the handle where it should be something wider than the semidiameter of the cornea, next a needle a little curved at its point with which the capsule of the crystalline lens may be torn, third a little scoop of gold or silver for the purpose of removing small fragments. Fourth a small hook to be passed through the pupil and fixed in the body of the  
of the



of the lens for the purpose of extracting it.  
Fifth a small forceps.

The patient and the surgeon being seated as in the operation for Couching, the assistant who supports the patients head is to raise the upper eyelid and to fold the skin upon the Superciliary ridge, the tarsus should be pushed firmly against the frontal margin of the orbit, The surgeon pulls down the lower eyelid and waits untill the eye is steady, he then applies the point of the knife to the cornea one sixteenth of an inch from the sclerotic, and when the eye becomes fixed the puncture is to be made, the knife is then to be carried across the eye and brought out at the opposite side.





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54. by the escape of the aqueous humor  
or any other cause, the iris should come  
forward so as to endanger its being  
cut, it may be made to recede by  
gently rubbing the cornea with the point  
of the finger. Having divided the  
cornea, the eyelids should be closed  
and the patient suffered to remain  
quiet for a short time. In proceeding  
with the operation, the lids should be  
gently raised, and the needle introduced  
into the eye for the purpose of  
lacerating the capsule. The needle  
being again retracted the eye is  
to remain quiet for a few min-  
utes, that the pupil may di-  
late.

It is the object of the present chapter  
 to show that the same principles  
 which govern the conduct of the  
 mind in the state of nature, govern  
 it in the state of society. The  
 first part of the chapter is devoted  
 to a consideration of the principles  
 of the human mind in the state  
 of nature. The second part is  
 devoted to a consideration of the  
 principles of the human mind in  
 the state of society. The third  
 part is devoted to a consideration  
 of the principles of the human  
 mind in the state of nature and  
 society. The fourth part is  
 devoted to a consideration of the  
 principles of the human mind in  
 the state of nature and society.

after resting for a short time the eye is opened by the surgeon and gradual pressure made, at the same time the divided portion of the cornea is raised with the scoop; if the lens does not come easily thro' it is to be taken hold of with the hook. After the lens is out, the lids should be immediately closed, and after a few minutes opened by the surgeon to examine the state of the pupil, if the capsule be not opaque, the patient will see; if otherwise the opacity will still be perceptible in the pupil. The surgeon should then proceed to extract the fragments with the scoop; those that are concealed may be brought into view by rubbing the  
finger

The subject of the paper is the  
 importance of the study of the  
 history of the human mind  
 in the development of the  
 human race. The history of the  
 human mind is the history of the  
 human race. The human race  
 is the product of the human  
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finger over the eye. Sometimes the lens cannot be extracted either by pressure or the hook, owing to adhesions existing between the capsule of the lens and the iris; these adhesions may be destroyed by the needle, which is an extremely nice operation. The objects presented to the patient after the operation for the the purpose of ascertaining whether his sight be restored should not be too brilliant or luminous, nor should the eye remain open long.

After the operation is completed, a soft dry rag is to be applied to the eye, the depending piece of the circular bandage is to be let down over the eye, and on this a bandage should be carried round the



the head. The patient is then to be put to bed and lie on his back, all light should be excluded the apartment; he should live upon a vegetable diet, and may drink out of a teapot thereby obviating the necessity of raising his head; his hands should be secured in such a manner as to prevent his rubbing the eye while asleep. The dressings should be renewed every day in order to obviate the irritation that might arise from the exudation absorbed by the dressings becoming dry. In changing the dressings we should be careful that nothing prevent the divided edges of the corners from coming in contact. The under eyelid should always be pulled down, as this sometimes gets into





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into the wound and thereby retards the  
cure. In a fortnight or three weeks, the  
dressings may be omitted. —

The number of thirty years the  
to a large number of the  
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